

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-04-1200.M2

NOTICE OF INDEPENDENT REVIEW DECISION

Date: October 9, 2003

RE: MDR Tracking #: M2-03-1485-01
IRO Certificate #: 5242

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by an Orthopedic Surgeon physician reviewer who is board certified in Orthopedic Surgery and has ADL certification. The Orthopedic Surgeon physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This review concerns a then 47 year old male who slipped on a wet surface in his capacity as a janitor in a mall in ___ on ___. As the result of the fall, he complained of low back pain, right knee pain and right ankle pain. After initial negative x-ray findings and conservative management in regard to the knee, he underwent a bone scan and MRI studies, leading to arthroscopic intervention on 12/10/99, which included partial medial and lateral meniscectomies as well as patellar chondroplasty. With continued pain, he subsequently underwent further arthroscopic debridement of the right ankle with some continued pain at that location, as well as exhaustive conservative management for low back/right leg pain primarily through a pain management physician with extensive physical therapy, medications, epidural steroid injections and psychological support. The current working diagnosis is apparently that of complex regional pain syndrome (reflex sympathetic dystrophy) involving the right lower extremity. Review of the documentation suggests the claimant never returned to his previous employment or gainful employment otherwise.

Requested Service(s)

The medical necessity of the requested right total knee replacement.

Decision

I agree with the insurance carrier that total knee replacement is not medically necessary.

Rationale/Basis for Decision

While the eventual outcome may ultimately be knee replacement, this appears quite aggressive in this 51 year old heavysset male who is at high risk for early wear and loosening of the device which would likely result in further more difficult surgery of revision in his lifetime. While the treating orthopedist mentioned

the possibility of Synvisc injections prior to the osteotomy, this mode of conservative management apparently was not undertaken and certainly should be considered before any knee replacement. There appears to be no recent serious effort for other conservative measures such as unloading brace, trial of dietary supplements such as glucosamine/chondroitin sulfate and the consistent use of nonsteroidal anti-inflammatory drugs in light of the documentation or lack thereof. Finally, and probably the most important relative contraindication to knee replacement, is the apparent clinical picture of chronic regional pain syndrome in the background of no motivating gainful employment, as well as continued ankle and back pain. Further surgery, especially major joint replacement surgery, has the potential of deterioration of the clinical picture in the face of reflex sympathetic dystrophy. While I do somewhat fault the treating orthopedist for lack of better documentation, even his most recent comments of “burning, stinging type of pain” and that the claimant “even cries at night because of the pain” suggests a clinical condition not typical of straightforward knee arthritis. This situation is one in which most surgeons would fear to tread. Every effort should be extended toward conservative management with further surgery deferred as long as possible.

YOUR RIGHT TO REQUEST A HEARING

Either party to medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings / Appeals Clerk
P.O. Box 17787
Austin, Texas 78744
Fax: 512-804-4011

The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.